GEORGIA BUREAU OF INVESTIGATION
GEORGIA CRIME INFORMATION CENTER
AGENCY INSTRUCTIONS FOR REQUEST TO RESTRICT (EXPUNGE) ARREST RECORD for Arrests Prior to 07/01/2013

1. O.C.G.A. §35-3-37 provides for the restriction of certain criminal history records for non-criminal justice purposes when approved by the prosecuting attorney.
   - For arrests prior to July 1, 2013 the applicant is required to apply for restriction at the arresting agency. Arresting agencies may require a processing fee not to exceed $50.00 as authorized per §35-3-37.
   - The REQUEST TO RESTRICT ARREST RECORD is a three section (page) form.
   - Section One is completed by the applicant. Each request form may contain only one (1) Date of Arrest (there may be multiple charges for that arrest).
   - Section Two is completed by the arresting agency. The entire form is forwarded to the prosecutor for approval/denial.
   - Section Three is completed by the prosecutor. If approved, the prosecutor may enter the appropriate disposition restriction code using the GCIC CCH User Interface and notify the applicant that the restriction is complete. The arresting agency will receive a notification from GCIC that the record has been restricted. If the prosecutor enters the restriction in the CCH User Interface the application and fee should not be forwarded to GCIC.
   - If the prosecutor does not have access to the CCH User Interface, the application may be returned to the arresting agency.
   - The arresting agency should advise the applicant to forward the approved application to GCIC including the GCIC processing fee. Incomplete applications or those missing the required fee will not be processed and will be returned to the applicant. Do not forward the restriction application to GCIC if the request is denied by the prosecutor.
   - Applicants may send the approved Request to Restrict Arrest Record form and $25.00 fee (money order or certified check payable to "Georgia Bureau of Investigation") to:

     Georgia Crime Information Center Record Restrictions
     P.O. Box 370808
     Decatur, Georgia 30037-0808

   - GCIC will send a letter to the street address listed on Page 1 of the application when the restriction has been applied to the Georgia criminal history.
2. For arrests occurring July 1, 2013 or later, there is no application process. The prosecutor may approve the restriction at the time of sentencing. If restriction is approved upon sentence completion, it should be noted in the sentencing documentation forwarded to the court.
3. When the restriction has been applied to the Georgia criminal history, access to that specific arrest cycle is restricted for non-criminal justice purposes (Employment/Licensing). However, such information may be available through other sources. GCIC has no control over information provided by local agencies or private vendors.

REQUEST TO RESTRICT ARREST RECORD
Prior to 07/01/2013
O.C.G.A. §35-3-37

One (1) Date of Arrest per Request

GBI Use Only
Money Order _____
Certified Check _____
GBI Reference #_____

SECTION ONE - APPLICANT INFORMATION
(Completed by Applicant)

Name: _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____

Telephone Number: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Arresting Agency: _____

Date of Arrest: _____

Offenses(s) Arrested For: _____

_____

_____

Sections One and Two of this form must be completed in their entirety before request may be submitted to the Prosecuting Attorney's Office.

I request the arrest record information (Date of Arrest and associated charges) described above pertaining to me be restricted from the record(s) of the arresting agency pursuant to the provisions of O.C.G.A. §35-3-37.

Signature: _____ Date: _____

SECTION TWO - ARREST INFORMATION
(Completed by Arresting Agency)

Date Request Received: _____

Applicant's State Identification Number (SID): GA_____

Offender Tracking Number (OTN): _____

Arresting Agency Name: _____

Arresting Agency ORI Number: _____

Case / Citation / Docket Number: _____

Date of Arrest: _____

Arrest appears on Georgia and/or FBI criminal history record? ☐ Yes ☐ No

If arrest does not appear on either state or federal record, the record restriction cannot be processed.

Arrest Charge Tracking Number(s) and Charges:

_____

_____

Disposition of Arrest:

_____

_____

Disposition appears on Georgia criminal history record? ☐ Yes ☐ No

If No, attach official documentation containing disposition information. If official documentation is not available, please provide explanation and request for exception in Prosecutor's Comments, e.g., No Further Action Anticipated. (Without a disposition on file, official documentation, or g., No Further Action Anticipated. (Without a disposition on file, official documentation, or request for exception, this request cannot be processed.)

Prosecuting Attorney/Court Case Referred To: _____

Official Completing Form:
Title: _____
Name: _____ Telephone Number: _____

Signature: _____ Email: _____

SECTION THREE – PROSECUTING ATTORNEY
(Completed by Prosecuting Attorney)

Date Request Received: _____

Judicial Circuit / County: _____

Prosecuting Agency ORI Number: _____

District Attorney / Solicitor General: _____

Prosecutor Assigned to Case: _____

Case / Citation / Docket Number: _____

Please select one of the following actions:

_____ Approved - Record Restriction Meets Statutory Requirements

_____ No Information Available; Record Restriction Forwarded Without Objection

_____ Approved - No Further Action Anticipated

_____ No Information Available at Prosecutor's Office; Returned to Arresting Agency for Further Research. **DO NOT FORWARD RESTRICTION FORM TO GCIC.**

_____ Denied - Restriction Does Not Meet Statutory Requirements
DO NOT FORWARD RESTRICTION FORM TO GCIC.

If additional Charges from same Arrest Date, other than those identified on Page 2, are also approved for record restriction, list the Arrest Charge Tracking Number(s) and Charges in Prosecutor Comments.

Prosecutor Comments:

_____
_____
_____
_____
_____

Prosecutor Completing Form:

Name: _____ Telephone Number: _____

Signature: _____ Email: _____